

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155680		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/04/2011	
NAME OF PROVIDER OR SUPPLIER HOMEWOOD HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 2494 N LEBANON ST LEBANON, IN46052			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R0000	<p>This visit was for the Investigation of Complaint number IN00088736.</p> <p>Complaint IN00088736- Substantiated, State deficiencies related to the allegations are cited at R144.</p> <p>Survey dates: May 4, 2011</p> <p>Facility number: 002703 Provider number: 155680 AIM number: 200309250</p> <p>Survey team: Rita Mullen, RN</p> <p>Census bed type: SNF/NF: 42 SNF: 16 Residential: 35 Total: 93</p> <p>Census payor type: Medicare: 22 Medicaid: 21 Other: 50 Total: 93</p> <p>Sample: 3</p> <p>This state finding is cited in accordance with 410 IAC 16.2-5</p>			R0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0144	<p>Quality review completed on May 5, 2011 by Bev Faulkner, R.N.</p> <p>(a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation and interview, the facility failed to clean the shower stall floors on a daily bases. This impacted 2 of 2 shower stall floors observed for cleanliness. (Residents B and C)</p> <p>State Residential findings include:</p> <p>During an interview with the Housekeeping supervisor, on 5/4/11 at 2:00 P.M., he indicated the bathroom floors are mopped daily and the shower stalls are cleaned daily.</p> <p>During an observation with the Housekeeping supervisor, on 5/4/11 at 2:15 P.M., the shower stall floor of Resident B's room had small bits of gray paper debris, soap residue and two hairs. The shower stall had not been cleaned.</p> <p>During an observation with the Housekeeping supervisor, on 5/4/11 at</p>	R0144	<p>Submission of this plan of correction does not constitute an admission by Homewood Health Campus of any wrong-doing or failure to comply with the Federal or State Regulations. Homewood Health Campus submits this Plan of correction as its letter of credible allegation and request a paper desk review. It is the practice of this facility to clean our Assisted Living Units including the bathrooms weekly and as needed. We do pick up the trash on a daily and make the resident's bed daily with permission. Bathrooms for resident B & C were cleaned on the May 4th per housekeeping and checked to make sure they were in good repair. All residents on the Assisted Living Unit could be at risk for being affected by alleged deficient practice. All residents' bathrooms on the Assisted Living Unit were checked to make sure they were clean, orderly, and in a state of good repair on May 5,</p>	05/16/2011	

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	<p>2:20 P.M., the shower stall floor of Resident C's room had small bits of gray paper debris and dark gray smudges.</p> <p>During an interview with the Housekeeping supervisor, on 5/4/11 at 2:25 P.M., he indicated the shower stall floors for Residents B and C had not been cleaned that day.</p> <p>This Residential rule findings relates to Complaint number IN00088736.</p>				<p>2011. Housekeeping supervisor and staff were inserviced on cleaning of bathrooms and apartments weekly on our Assisted Living Unit and Memory Care Unit. Staff was also inserviced to make sure we offer daily picking up of residents' trash. Weekly random audits will be done for one month then monthly and presented to the Quality Assurance committee each month for six months.</p>		